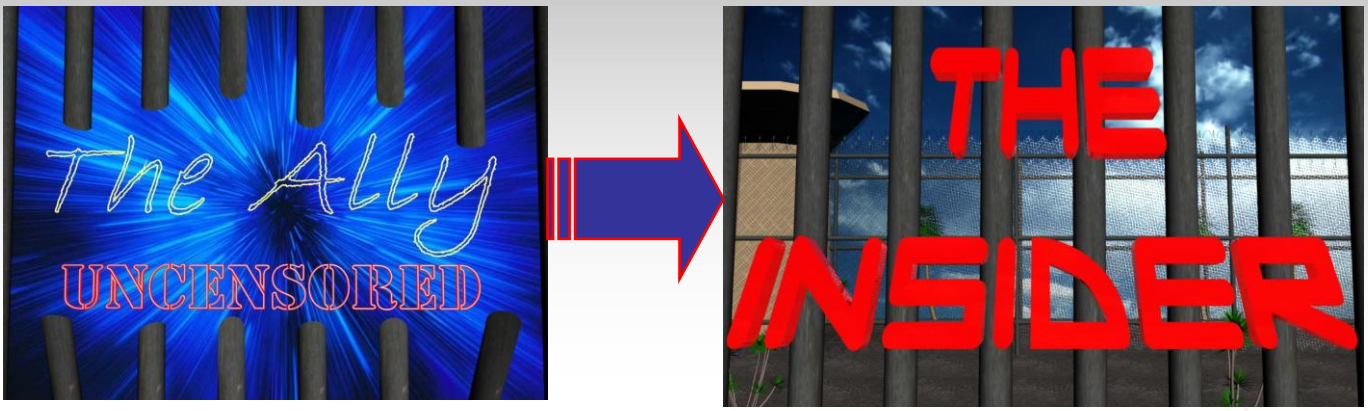
The Insider

Voice's of California's Civil Detainees,

Coalinga State Hospital

august 2010



The *Ally Uncensored* becomes *The Insider*

Editor William Hester

It is a sad thing that following the month that celebrates the independence of this great nation we also saw the death of FREE SPEECH at Coalinga State Hospital.

It was decided by the 'powers that be,' here at the hospital, that the Department of Mental Health would not pay for the publication of any material that was critical of the Department of Mental Health, the administration, their employees, or their policies. As a result, the staff of the *Ally* were unable to print an edition of the paper that remained true to the standards of reporting the truth of what goes on here and the hospital was unwilling to print anything that they didn't approve of.

The result of this collision of views was the death of free speech here and the death of the *Ally*. In an effort to continue to report on life under the Department of Mental Health, the editorial staff of the *Ally Uncensored* have decided to rename it *The Insider* and run it as independent entity that will publish, at the invitation of Michael St. Martin, only on the www.defenseforsvp.com website

It is the hope of the editorial staff of *The Insider* that we will be able to present a balanced view of life here. Our intention is to provide those that live here with useful information and present a realistic view of our lives to those outside.

You will often see signs of anger and frustration in the writing here. Much of that is due to living in an environment that treats us as prisoners while claiming we are not. You will also read about changes people are making in their lives, either in or out of treatment, and the hopes they have for the future.

Basically, you will be joining us in our world for a short time while you read this. We hurt. We laugh. And like anyone else we live.

We look forward to hearing from anyone with questions or stories for use in *The Insider*.

On behalf of those of us that live here, welcome to our prison and home: Coalinga State Hospital of the California Department of Mental Health.

" We must indeed all hang together, or, most assuredly, we shall all hang separately."

Benjamin Franklin to John Hancock, at the Signing of the Declaration of Independence, July 4, 1776

Guidelines for Publication

All submissions to The Insider *are subject to editing for proper grammar, punctuation, length, language, and clarity. They may not include hate-speech, inciting or inflammatory language, or unnecessary profanity. Submissions may be returned to the individual author for revision or rejected outright.*

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The Insider *is produced at Coalinga State Hospital, in Coalinga, California. Material published in this electronic paper is written, edited, and published entirely by hospital residents.*

The ideas and opinions expressed herein do not reflect the opinions of the hospital's staff or its administration, unless otherwise specified.

The Insider *is dedicated to fair, unbiased and impartial reporting of information, current events and news that is of interest to civil detainees and others who are interested in finding out about the real people here. Questions and correspondence can be submitted to:*

William Hester

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P.O. Box 5003

Coalinga, CA 93210

The view from the Editor's seat:

Welcome to ***The Insider***. On behalf of the many people that have worked with me on this first issue I would like to thank you for taking the time to read this e-paper.

I was the Assistant Editor of the *Ally* and I felt that Andrew Hardy had a good idea with it. Unfortunately, idealism and reality collided and as has been noted, the *Ally* ended. In June, at the suggestion of several people, including Michael St. Martin and Andrew Hardy, it was decided to create the *Ally Uncensored* as a way to communicate the stories that the administration here at Coalinga State Hospital wouldn't pay to print. I undertook that project with the assistance and support of the entire *Ally* staff.

Since the passing of the *Ally*, the staff and I felt that it would be more appropriate to give the *Ally Uncensored* a new name and look. We changed the mission of the paper to try and communicate what life is like here to all of you out there.

Throughout this paper, you will find references to different things we see everyday. Sometimes that will result in one of us writing something like SOCP in an article without defining it. Whenever possible, I will attempt to include an Editor's Note giving a brief explanation of what it is (SOCP is the Sex Offender Commitment Program, better known by us as sex offender treatment).

Anytime that you have questions, stories, thoughts, or opinions that you would like to share in *The Insider*, please feel free to give them to me if you live here or mail them to me at the address on the lower left of this page.

It is the intention and goal of this e-paper to include views from all the residents here. We also intend to solicit updates, opinions, and official news from the administration, the Office of Patients' Rights, and any other Department of Mental Health division that would like to contribute. Unlike the *Ally*, we are not dependant on the Department of Mental Health for publication; however, we would very much like to include their side of the stories.

It doesn't appear to be as well known a fact as it should be out there, but we are still United States citizens. We are allowed to vote, we are entitled to free speech, and we are supposed to be held in the least restrictive conditions needed to keep us secure from the public.

We are instead being held in a maximum security prison and being treated like we are the lowliest of prisoners. Everything we have, we have had to fight for. Every day here is one more on a long road of paying for a crime we **might** commit instead of one we **have** committed.

William Hester, Editor

Speaking your Mind

Editor William Hester

You walk down the halls of this hospital and hear it everywhere. People are full of complaints about how things are done around here. Negative comments abound abound and everyone has an opinion about what needs to to be done.

Strangely enough, there are resources around to forward those complaints and suggestions. The interesting thing about it is that hardly anyone uses them.

Like other people here, I have vented my opinions to the ether, irrationally hoping that something might change. Bad news folks, we are on our own if we want to get anything done. Instead of airing your thoughts and suggestions to the air around you, let me instead suggest that you put these ideas of yours to good use.

The CDAC has a proposal process in place to work on getting ideas put forward to the people who might, possibly, do something about them. Give the proposal to your unit representatives and follow up on what is happening with it. CDAC gives tracking numbers to all proposals they receive from the population and attempt to to get the administration to answer them. Unfortunately, they have no control over the final decision decreed from above.

Another choice is *The Insider*. We are here to deliver information and ideas to this population and anyone who reads it on the website. As always, any material accepted will be edited for material containing unacceptable language and grammatical errors. We ask that any submission be clear and have a name on it. You can request that your name not be printed (we will honor that, but we will keep it on file at *The Insider]*.

While none of these methods is guaranteed to work, you have a better chance of being heard and possibly getting support for your ideas through them. I hope that someday soon someone will design a system of communicating ideas to the CDAC that doesn't require a fortnight to arrive on their desks.

Let's stop venting on each other and put our ideas to work for us. Even if we receive nothing but negative responses from the powers that be, we will have laid a paper trail a mile wide to fight them with down the road. I know that hope is a ragged, torn flag to hold up, but without hope nothing else really matters.

Your thoughts. Your opinions. Your choice!

Closed Mouth Don't Get Fed

By Douglas G Gaines

Every day I hear someone say, "The [Fill in the blank] is terrible, why should we tolerate this?" The blank you fill in can be anything from chow hall food, to what the person thinks should be a non-contraband item. Some of the time, these comments have merit. However, when I ask them if they gave the suggestion to their CDAC representative, they usually tell me, "Uh . . . no."

It doesn't really do much good to complain to everyone around you, if you're not going to tell someone who *can* do something about the problem. This is why we elected the CDAC, so we have representatives who can attempt to fix some of the problems.

The CDAC representatives can only act on what they are given, in the form of a proposal. There is a process to follow in order for these proposals to be accepted and acted on by the CDAC. Proposal forms are available at the CDAC office in VE-181 or from each Unit's Chairman or Secretary. The process starts at the unit and program levels before finally moving to the CDAC representatives who will take it to the proper Administrative sources. Following the process assures that all suggestions are documented and logged for future reference.

If we want to make positive changes in our living conditions here at CSH, then all of us need to start working together to achieve that goal. The CDAC can only do what we ask them to do. If no one is speaking then we have no one to blame but ourselves.

Remember what Benjamin Franklin once said, "We must indeed all hang together, or, most assuredly, we shall all hang separately."

The information on the next page is the procedure for submitting and resolving proposals through the CDAC. Hopefully, this information will be of use to anyone interested in making changes and not just complaining that changes need to be made.

What Do You Think?

"Injustice anywhere is a threat to justice everywhere."

Martin Luther King in a letter from Birmingham Jail, Alabama, April 16, 1963

The Proposal Procedure

As presented by the Civil Detainee's Advisory Council (CDAC)

For the record, the CDAC has an established a procedure for requesting and or proposing solutions for problems here at Coalinga State Hospital.

This is a multi-step process and is the intent of the CDAC to handle all proposals at the lowest level. Proposal/Appeal forms are available from the Unit Chairman or Secretary are available from the CDAC office in VE-181.

The process begins at the unit level, steps 1 – 5.

Next the proposal/appeal goes to the program level step 6 & 7.

Finally, the CDAC will receive and hand it to the appropriate advisor who will follow through with it, using the following steps:

1. The long term care resident will obtain a proposal form and write a brief description of the problem. The form is then given to either the Unit Chairman or the Unit Secretary for handling.
2. The Unit Secretary will assign the proposal form a Unit Log Number and enter it into the unit's log book.
3. The Secretary will forward the form to the elected Unit Government representative who is responsible for that area. For example, canteen issues will be referred to the Canteen/Nutrition Representative; leisure time issues will be referred to the Activities Coordinator, etc. That person will then attempt to resolve the issue's) at the unit level by contacting those unit staff members (i.e. Unit Supervisor, Psych Tech, Hospital Police Officer, etc.) who have the authority to address the problem
4. If the problem can be solved at the unit level, the U.S. (or representative) will write the response on the form and return it to the Unit Secretary. The U.S. should respond within 10 business days. The secretary will note in the log book that the problem has been resolved and return the completed form to the patient who originated the proposal/appeal.
5. If the problem cannot be resolved at the unit level, or the long term care resident is unsatisfied by the response, it will be forwarded by the Chairman to the Program level for response. Program should respond within 10 working days of receipt of the proposal form.
6. Program will make one of two determinations. They will resolve the problem at their level, *or* they will be unable to do so and determine that a higher level involvement is required. In either event, they will complete their portion of the form and return it to the affected unit's Chairman. The response will be logged in the Unit Log and the form returned to the long term care residents.
7. If the issue cannot be resolved at the Program level, or the long term care residents is unsatisfied with the response from the Program Level review, he may appeal to the Hospital Wide Advisory Council for relief. The long term care resident will give the proposal form to his Unit Chairman, any HWAC member, or he may deliver it to the CDAC offices personally.
8. When the form is received by the HWAC, it will immediately be assigned a new log number and logged into the tracking system. The proposal will then be reviewed to determine which committee, sub-committee, or person could best resolve the question/problem and issue a response. The CDAC spokesman and/or secretary will then assign the issue to that entity for processing, noting the assignment.
9. The Executive Level review is two-tiered. First, the advisor who is assigned will attempt to resolve the issue at the Hospital Wide level by submitting it to the administrative staff who is assigned to address this problem. If the problem can be resolved at this point, the response will be written on the form, and the form returned to the CDAC secretary. The secretary will log the response and return the form to the originating unit.
10. If the issue can not be resolved at this level, or the long term care resident is still dissatisfied with the response, it will be automatically formally addressed at the formal level.
11. The secretary will update the tracking system and forward the proposal form to the Spokesmen. The proposal/request will be prioritized based on its relevance to the entire population and the exigency of the situation. The spokesmen will then attempt to resolve the issue by submitting it to Executive Director, either as an agenda item at the monthly meeting, or by direct submission.
12. The Executive Director's decision is the final step in the appeals process and exhausts administrative remedies available to the long term care residents. If dissatisfied, the long term care resident's sole recourse is through the courts.
13. If the problem is a hospital-wide issue, and is not resolvable at the Unit or Program level, steps 2-6 will be by-passed, and the process starts with the HWAC review (Step #7).
14. If the problem is a Program issue, and is not resolvable at the Unit level, steps 2-4 will be by-passed, and the process starts with the Program review (Step #5).
15. The Proposal/Appeal process must commence at the lowest level which could resolve the problem. If unit or program issues are received by the HWAC without having first been submitted at the proper level, they will be returned with no action taken, until the prerequisite reviews are completed.

PATIENTS' RECORDS E-MAILED TO OUTSIDE LOCATION

Editor William Hester

On July 20, 2010, the CSH Administration sent out a memo to a large number of patients at the hospital. The subject of the memo was "**UNAUTHORIZED TRANSMISSION OF HEALTH INFORMATION**." It reads:

"This notice is to inform you that on December 23, 2009, an unsecured electronic transmission of portions of internal nursing communication reports was made when a CSH employee e-mailed entries to a personal e-mail address. The reports contained entries made between the dates of August 5, 2009, to December 22, 2009. The protected health information on the reports was limited to daily medical treatment, medical diagnosis and behavioral information. If you are receiving this notice, you have been identified as an Individual whose health information was included in that transmission.

This action was identified by the security system of the CSH Information Technology (IT) Department within two hours of the transmission. Immediate and thorough investigation and forensic analysis of this incident substantially indicates that no medical information involved was shared or further disclosed with any unauthorized persons.

Please know that CSH Administration takes all policy and procedure violations regarding the privacy of protected health health information very seriously. Appropriate actions have been taken to attempt to effectively resolve this issue and avoid repeat occurrences in the future.

Any additional questions or concerns regarding this incident can be sent by written correspondence to the Coalinga State Hospital Privacy Officer."

There is no mention in the memo as to why it took the hospital more than six months to notify all affected Individuals. I was one of the people who was graced with this information. I will be following up on why it took so long and what damage may have been done. I don't have an attorney, but I will be trying to get answers and any attorney's reading please feel free to comment.

Predator's Paradise: Coalinga State Hospital

Summarized by Editor William Hester

On Sunday, May 16, 2010, an article by John Wilkens of the San Diego Union Tribune was published. The article details to "country club" setting that we are housed in here. He describes the hospital's interior as being like a boarding school with our large central mall and its many amenities. Additionally he describes the small gardens we can see through our windows and how we live in bright living units named for California landmarks.

The article starts as a window into where John Albert Gardner III could have been sent when he paroled, if he had been found to meet the criteria of having a mental disorder. Mr. Wilkens comments on the great increase in referrals for commitment evaluation since Jessica's Law and the reduction in actual commitments since it was implemented. Nancy Kincaid, assistant director of the Department of Mental Health, said that's because most of the referrals don't meet the stringent criteria for mental-health placement. However, Chris Johnson, a San Francisco attorney who has been critical of the system, said it's being done largely to save money. A state audit examining the bottleneck was approved in early May.

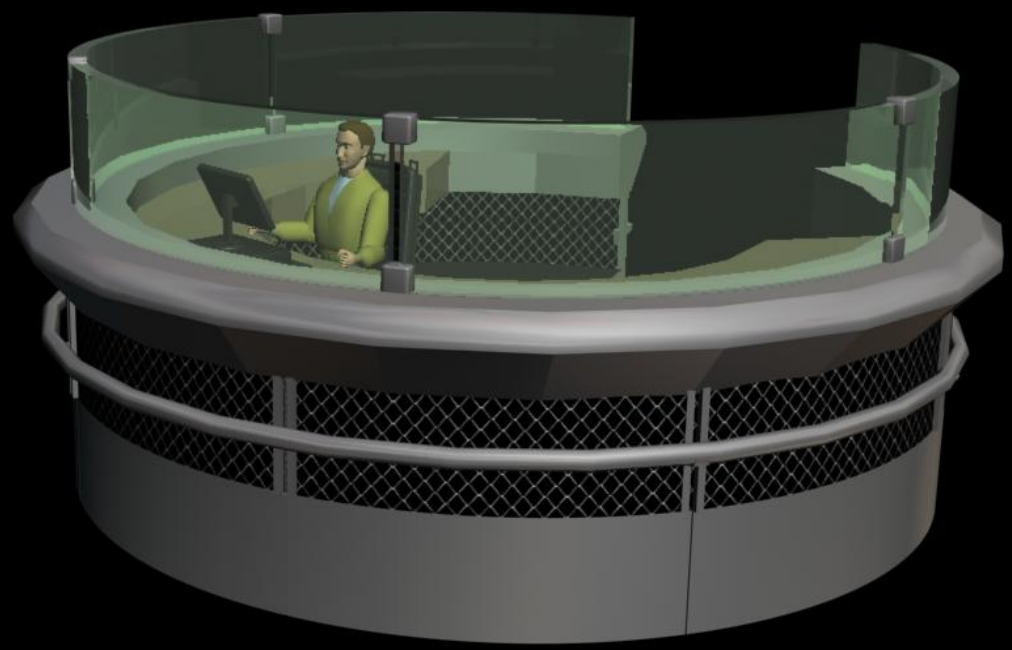
A large part of the article is dedicated to the rehashing of old news. How two-thirds of the patients here refuse to participate in treatment. How there are 600 empty beds that could be filled with dangerous predators to prevent crimes like the ones committed by Gardner. How the state is spending $185,000.00 per year to house us here as compared to the much lower cost of keeping us in prison. He also notes that while we should be learning from the program here, most of us are playing cards, watching T.V., or lifting weights all day.

This is a partial summary of the material that was printed regarding Coalinga State Hospital and its residents. One of the things we sometimes lack around here is the perspective of the people outside. This article gives the view of one reporter on the fine programs here and another on the work that still needs to be done to make this place more effective.

This is John Wilkens' perspective on Coalinga State hospital and its work. Hopefully, we will be able to bring you more from other people in the future.

SAVING MONEY OR WASTING IT?

The Plexiglas shield was just added to the kiosks on both ends of the hospital's mall area. Questions abound as to whether it is there to protect the equipment, the officers, or is it just for looks? Or the other possibility, do the officers officers here feel that they are in danger from the patients they oversee?



[This model of one of the officers kiosks was created by the use of a graphics modeling program.]

Plexiglas Shields added to Officer's Kiosks

Editor William Hester

For anyone who has ever dealt with our commitment, anything that is different in our environment immediately draws attention. So it was in the last couple of weeks that the addition of the Plexiglas shields on the officer's kiosks drew a lot of attention.

I personally have spoken to several sergeants and officers about this curious addition. After all, we have been here for five years and it never seemed to be an issue that anyone worried about before.

Depending on who you ask, the shield was added to protect the computer from being grabbed and thrown by patients (an over the top reach of 5' in height and inward by 1') or to protect the DPS officers and sergeants from being spit on during conversations.

Even though I have not been given an official answer as to the reason, be it protection or security, I have heard one explanation that at least seems plausible. I was informed by a DPS sergeant that several years ago a proposal was made to secure the kiosks. This proposal was allegedly made to save money by eliminating the need for an officer to sit at each kiosk during first watch (graveyard for those of you who aren't up on the watch system). Since patient's aren't around at night, the only thing the officers are doing on first watch is making sure that the equipment in the kiosk doesn't wander off.

I will be updating this story if and when the Administration shares with us the purpose of the shield.

Package Room Problems

Douglas G. Gaines

It has been directed that Property Room Officers will not withhold items for release to Unit staff for residents based on the amount of items received, if the item is permitted and limits are not outlined in the IMD.

Unit staff will be directed to make a determination of whether or not a limitation of quantity should be exercised based on the specific item and the individual's Wellness and Recovery Team recommendations.

It was also noted that the efficiency and availability of the Approved/Unapproved item memos in the property room for the Property Officer to reference and share with residents is needed for quick access.

A simple recommendation was offered and will be implemented in the form of a Contraband Approved Items binder, which will contain all approved/unapproved item memos from Administration. The binder will be tabbed by item type (i.e., hygiene products, food products, electronic items, etc . . .) and will clearly show descriptions and dimensions of items. The binder will be a single quick reference for the Property officer versus the current procedure of memos being taped onto the walls of the Property Room.

A Patient Contraband Appeal Tracking form is being developed by the Contraband Workgroup

Job Placement for Long Term Residents in the Package Room: CSH Administration is not in favor of placing residents inside the Package Room as a vocational assignment. The use or augmentation of staff by other non-DPS staff is being considered and additional research is being conducted as to the practice at other DMH facilities.

CDAC Updates from June 30, 2010

Douglas G. Gaines

Removal of Vendor List: The Department of Mental Health (DMH) is currently drafting regulations that will provide for an "Allowables List" of items that are approved for individual ownership and possession at all DMH state hospitals. CSH currently operates under a contraband list that outlines what items are not allowed in individual possession or that require additional control measures. This requires additional scrutiny of all incoming items to ensure that no dangerous items are introduced into the facility. The use of an Approved Vendor list is one tool that state hospitals utilize to meet this mandate to ensure that all incoming packages can be screened and validated as safe in a timely manner. Other tools utilized are those such as metal detectors, x-ray and K-9 dogs. It is expected that upon completion and adoption of the draft regulation concerning a DMH Allowables List that the abolishment of the Approved Vendor list may be reconsidered. It is currently unknown specifically when that regulation will be completed. It is further anticipated that as the regulation process moves forward the Civil Detainees Advisory Council (CDAC) will be provided updates to status and expected implementation dates.

Bathroom Access on the Main Yard: CSH Administration is continuing to review the safety and security concerns associated with placing a Port-O-Potty in the main yard, along with the request to remove landscape areas and replace with grass areas to increase usable space.

PA Announcements Ceasing after 2100 Hours: All announcements, other than actual medical emergencies and medical emergency drills, will cease after 2100 hours.

Gold Coat Service Worker Program

Douglas G. Gaines

The CDAC is proposing the implementation of a Gold Coat Service Worker Program, hereafter referred to as (GCSW). This program (GCSW) are assigned to aid selected patient (clients) who are in need of special needs assistance in their daily lives. These duties would include things like assisting clients to medical appointments, cleaning their rooms traveling to the canteen, grill of point store, social events, etc . . . The motto of the (GCSW) program is; By helping our fellow patients we are helping ourselves become better human beings.

This will be a behavioral based therapy and vocational training program which will give the (GCSW) the tools to move ahead in the healing process and the life experiences to apply in considering the needs of others.

The training for this program will be an in-depth three part vocational training program, run by the education department with assistance from the medical and treatment departments and will instruct the (GCSW) on how to work in a hospice setting. (GCSW) will be trained in working with patients suffering from a variety of disabilities including advancing age, Alzheimer's disease, patients recovering from surgery or cancer treatment and other infirmities that impair daily living.

Part one of training is classroom instruction which will train the (GCSW) in hospice care, home health care and other requirements that they will need to perform and function in their duties.

Part two of the training the (GCSW) will work as an intern with several different clients who have varying needs on units throughout the hospital, giving the (GCSW) a well rounded understanding of client needs.

Part three of the training the (GCSW) will assigned a client, and will befriend and assist him with day to day needs, making it easier for the client who because o age and/ or medical condition are greatly in need of additional assistance. The (GCSW) will be supervised by unit staff to ensure that the client is receiving the needed care and services.

This program will benefit not only those who are being assisted, but the Gold Coat worker as well, helping them see themselves in a more positive light.

Bits & Pieces

MUSICAL INSTRUMENTS: The use of personal musical instruments will not be approved for Mall musical groups, CPS musical milieus and events and Golden Gate Center (GGC) on a case by case basis. The approval form will need to be properly filled out, signed by the group facilitators, CPS, The US, and the PD. The form is currently at the Forms Committee level waiting for approval. Any residents brining their personal instrument to any other areas will be directed totake it back to their unit.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION [CDCR} TRANSPORT QUESTIONAIRE: All individuals that return to the facility from an outside medical appointment are assessed by an R.N. regarding any injuries or complaints. During the assessment, the R.N. checks for any trauma on the wrists and ankles from the metal shackles CDCR uses. This information is documented on a "Transport Examination" form, with a copy going to the patient's chart.

DISTRIBUTION OF LEFTOVER FOOD: Coalinga State Hospital is governed by Title 22, which requires that, "The dietetic service shall provide food of quality and quantity to meet the patient's needs in accordance with physicians' orders and to the extent medically possible, to meet the Recommended Daily Dietary Allowance." The hospital is currently looking into alternate methods of reducing wasted food through a review of internal processes and reinforcement of Individual's special diet compliance.

MAINTENANCE JOBS: A program for maintenance jobs is close to implementation. The final details are being worked out. Once the formation of the maintenance job program is completed the hospital will hold resident interviews to fill the trades available at that time. Although there may be limited assignments at the onset, the hospital intends to expand the program in the future.

DEPARTMENT OF POLICE SERVICES [DPS] USE OF SECLUSION ROOM: As indicated in a CDAC submittal, the Department of Police Services (DPS) does not have the authority to place Individuals in seclusion. CDAC correctly cited reference material in that, "DPS does at times assist the Level of Care (LOC) staff during the seclusion process when DPS support assistance is requested by LOC. With that said; the Seclusion process should not be mistaken with the Administrative Isolation process. The Administrative Isolation process involves the use of the Seclusion Room for the purpose of Administrative Isolation. This separate process is administered in conformance with Department of Mental Health Special Order 910."

MEMORIAL WALL: Rehabilitation Therapy and Central Program Services met to review a request to create a Memorial Wall for all those who have died under this law. CSH staff discussed how a memorial could be established that will be respectful and not violate any regulations. The hospital has an idea to further develop while they gather more specifics on resolving issues of confidentiality, as well as physical plant requirements and safety. It was proposed to establish a Memorial Project Committee to develop a prototype that would fulfill the request from CDAC while abiding by all regulations. Along with a sample prototype, the Committee will establish a project completion date. The committee will include: Robert Gregory, Linda Clark, Chaplain Michael Raymond, and CDAC Activities Advisor Timothy Weathers.

Cdac executive body

Michael St. Martin, Spokesman
Jorge L. Rubio, Spokesman
Phillip Martinez, Spokesman
Greggory Johnson, Secretary
Daniel Gebada, General Advisor
D. Star Lopes, Contraband Advisor
David Green, Health & Safety Advisor
Chris Lawrence, Treatment Needs Advisor
Eric Dannenberg, Canteen & Nutrition Advisor
Timothy Weathers, Activities Advisor
Kenneth Herman, Records Clerk
Steven Force, Research Clerk

The Insider

Editor's note:

The bits & pieces section is compiled from the updates to the Civil Detainees' Advisory Council (cdac) from the coalinga state hospital administration.

The information presented here is the administration's response to various issues raised in their meetings with the CDAC.

For more information see the cdac bulletin board in the central mall area across from the library.

PCLS Q&A

PHASE FIDELITY

Mr. Norman Bell:

How can a man's work be given credit and documented when facilitators change groups and new staff take over caseloads?

Staff Response:

Dr. Greer explained that *'Policy 100'* dictates criteria of work necessary to get done for packages and that individuals are responsible for keeping records of all work done. We do have a check off list that will be formalized and available for facilitators to track individual's progress in completing assignments and can be used to communicate between new staff and TEAM. It is important to note that just because an assignment is completed and approved doesn't mean that one will not have to make changes or re-present parts of assignments in the future. Treatment is dynamic and not academic (just completing tasks) and progress is demonstrated by behavior that indicates integration of coping skills in current use. An approval process is required before the form is put in a chart. Treatment progress should be noted by the WRP as well.

Statement:

We need better toilet access especially for individuals with physical problems.

Staff Response:

CA is aware of this and is trying to come up with solutions – again, due to budget difficulties this won't find an early solution. Presently, available bathrooms are being kept unlocked during the day.

Question:

Specific tests, such as for 'Aspersers Disease' are not done here and should be.

Staff Response:

❶ Diagnostic tests can be arranged when TEAM and medical alerts indicate necessities.

❷ Many tests are cost prohibitive in the current budget but this can be looked into with the Assessment Clinic.

Question: Is there a way to go to groups without jeopardizing paid work assignments and avoid timing conflicts?

Staff Response: Discussing times for groups and jobs with Vocational Services is one way. Some jobs can be had at non-Mall hours. New positions are also expected to open sometime in the near future. Extending Mall hours might help as well.

Question:

Why **are there so many fund raisers for things of less importance (i.e., *"Legal Day"* and a family-facilitator event) when funds are needed to support important items such as more *'Dragon Speech'* programs?**

Staff Response:

Fund raisers are for residents and not for State provisioned necessities. If residents want some special event, they have the right to ask their peers to financially support events. Programs and groups requiring staff and/or funds are a matter of budget limitations.

The Insider : editor's note

The PCLS is the Phase Collaborative Leadership Skills group that meets with hospital staff to forward the issues of concern to the Phase population here at Coalinga State Hospital. Their mission statement includes: promoting two-way communication between Clinical Administration (CA) and all Phase II-V participants, creating an avenue for all Phase individuals to contribute ideas for the enhancement of our treatment and environment, holding weekly meetings directed toward selecting and prioritizing monthly up to five topics from suggestions originated by individuals in Phase treatment to take to the CA. [One-third of the PCLS body puts forward these topics at monthly meetings chaired by CA], hosting the Phase Quarterly Forum by electing a PCLS representative as Chairperson to preside over the meeting, promoting pro-social and a cooperative spirit within our treatment community, and striving for helpful participation, advocating for the improvement of our environment but never demanding change

Facilitator-Visitor Event

Mr. Billy Redding: We are submitting the next annual proposal for this event. Although we do not anticipate any complications or a negative response from CA, given last year's terrific showing and success – we are however introducing two differences in this year's request: That minors be allowed to attend and that we have pictures taken in a secluded corner so as not to violate anyone's HIPPA privacy issues. We feel that any family member has an important role in treatment considerations, and for our Phase facilitators to actually witness our interaction with our children can only offer staff critical insights into our treatment process. This WILL create vast difference in security clearances which need to be started right now for those wishing to have minors included. Be prepared now for the possibility of CA approval we hope will come.

PROPOSAL to hold a *"LEGAL INFORMATION DAY"*

The PCLS committee is proposing a Legal Information Day that will be a day for the hospital to invite legal representatives (Attorneys, Judges, Private Investigators (These are people that help our lawyers prepared S.V.P. case for the courts) to come and meet with PCLS members and facilitators. Many staff (such as Dr. P. Busby, Assessment Center; Dr. Saunders, Phase I; Dr. E. Gardner, Phase II) have expressed an interest to participate and offer presentations to visiting guests.

The PCLS members are requesting that the Public Relations office help us put on this event by placing the event on the CSH web site. Ms. Deborah Ireland, Public Information Officer is looking into this medium as a way to help disseminate information interested visitors can explore for themselves.

This event will be a panel of PCLS Members, our chairman Mr. Mike Bigot, and various staff as well as Phase facilitators. We would invite our Attorneys, Judges, Private Investigators (up to 20 visitors can be accommodated) from various counties to attend this event. Guests will be taken on a tour of the hospital. They will be allowed to see SOCP programs and how treatment processing is conducted. We will have a question and answer discussion about CSH's treatment program and how our treatment is being received by the courts. This event will take place on Oct 21st 2010 at 8:00 am until 1:30 pm. in the Grand Meeting Room where refreshments of coffee, sodas and pastries will be served (The refreshments would be paid for by a Legal Day Fund Raiser).

This event will help improve our communication between the CSH staff and the legal community. We invite the legal community to come and see what we do and how we manage our daily treatment, but most of all it would help show the community that we are human beings that made mistakes and have gone to great lengths to change our thinking and behavior. I hope that the guests will leave here with more knowledge and a more positive outlook of their client so that when we return to court they will see a person who has worked hard to change his thinking and will not be a threat to the community.

Our chairman, Mr. Mike Bigot or Debra Ireland would like your input on this matter as soon as possible. You can E-mail either one of them or call CSH between the hours of 9:00am and 4:00pm Monday thru Friday.

The LEGAL DAY COMMITTEE consists of David Harris, Legal Day Chairman; Billy Redding, PCLS Secretary; Bill Price, Legal Day Member; Carlos Dominquez, Legal Day Member; Mike Starrett, Legal Day Member; and Phil Martinez, Legal Day Member.

STAFFING STANDARDS

Assistant Editor Billy Redding, Unit 13

There are current staffing issues concerning Phase II participants. There have been a large number of men who have been staffed into Phase III & IV who keep displaying erratic behaviors and making wrong decisions, proving them to have less-than equitable coping skills the rest of Phase II participants feel held to as a standard.

Staffing these people who continue to show bad choices in their behaviors sends the wrong message to the rest of participants who are not only choosing to behave appropriately, but it makes many feel ignored when proper coping skills are being overtly practiced.

This is creating a devaluation of the Phase process. If men who have been staffed are doing wrong, acting badly, and making poor decisions – the message the rest of us are getting is:

"Behave well and demonstrate good coping strategies – and be ignored for staffing. Act out, behave badly – and be rewarded with progression up into higher Phases."

It makes us question whether or not a person's behaviors are being noted or considered. Since behaviors denote the level of coping skill, what then are men with bad coping skills being staffed by?

These men who demonstrate bad behaviors are well charted with each incident they continue to display. How then are their behaviors and coping skills overlooked? There might be less notice of those who do act appropriately and demonstrate good coping skills and by NOT charting these behaviors – Staff might be apt to not see them. Which still doesn't explain how misbehaviors charted and brought to several TEAMs still get ignored when someone gets staffed?

We believe the process is one in which a man with maladaptive coping skills goes before the Staffing teams, speaks well, portrays himself as having good coping strategies, and – gets staffed. In the mean time, the rest of us see his behaviors and his bad coping skills, and ask how we are NOT being considered if we have a long record of appropriate behaviors and good coping strategies.

Phase II is where coping skills are examined and modified to adapt into appropriate strategies. To pass Phase II, then one's coping skills have to demonstrate effective strategies. No misbehavior denotes adaptive thinking processes and cognitive choices are obvious. Why are these traits being surpassed and overlooked?

MASTURBATORY RECONDITIONING TREATMENT

Editor William Hester

As part of the treatment program here at the hospital, the Masturbatory Reconditioning (Satiation) group was proposed by clinical staff. In order to be as accurate as possible on this subject, here is a reprint of the handout for your consideration:

MASTURBATORY RECONDITIONING (SATIATION)

What are Masturbatory Reconditioning Sessions like? Each of the sessions last one hour and occur once a week. Usually they are tape-recorded. There are three parts to each session.

PART 1

MASTURBATION TO A NON-DEVIANT (APPROPRIATE FANTASY)

Each session begins by a fifteen minute period where you masturbate to an approved, non-deviant, appropriate fantasy. This fantasy involves consenting sex between adults. It should be as arousing as possible because the goal is for you to reach ejaculation as quickly as you can. It should not begin in bed or with sexual behaviors. There should be pre-sexual behaviors like talking, sharing, enjoying each other's company, and nonsexual touch or massage. Include your and your partner's feelings and responses.

You should be talking out loud about the fantasy for the entire time it takes you to ejaculate. Speak as if it is happening to you at the present time. Memories of past pleasant sexual experiences with adults can be used to stimulate the fantasy. Make it as realistic as possible; things that could actually happen to you. Use different fantasies periodically so it does not become boring to you.

This phase should last no more than 15 minutes. The object is to reach maximum arousal and ejaculation as quickly as possible. Remember to talk about the fantasy during the entire time you are masturbating.

PART 2

SWITCH POINT

The switch point occurs at the time you reach ejaculation. Clean yourself off and put your pants back on before the next part of the exercise. If you have not ejaculated within 15 minutes, go ahead and switch anyway. Switch from a non-deviant, appropriate fantasy to a deviant sexual fantasy after saying Switch Point into the tape recorder.

PART 3

VERBAL SATIATION (BOREDOM) TO A DEVIANT FANTASY

For the next 45 minutes, you simply speak about your deviant fantasies into the tape recorder over and over and over again. **DO NOT MASTURBATE OR STIMULATE YOURSELF DURING THIS SESSION.** Just repeat parts of the fantasy aloud continuously. The goal is to wear out each aspect of your deviant fantasy. Make your image of the fantasy as vivid and real as possible. Use whatever language stimulates you the most, and don't worry about using anatomically correct or polite terms. Use fantasies you actually used when you were offending. You do not need to make up fantasies.

You want to begin by treating the most arousing and interesting parts of your deviant fantasy. You want to repeat those things over and over and over again until they lose their appeal and become dull and boring. Satiation involves wearing out the fantasy until it is no longer of any interest. This should continue for 45 minutes, making a total of one hour for the whole session. Remember you need to constantly be speaking or verbalizing each piece of the fantasy over and over again.

You want to break up the fantasy into small bits or pieces. One piece might be what a victim looked like, what it feels like to have your hand on a part of their body, what you wish you could do, what you want to do, and what you did. You want to repeat each piece of the fantasy over and over again out loud. For example: "Her chest feels soft and puffy."

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Note the most arousing parts of your fantasies and repeat them. Use the elements of the fantasy that you found the most arousing, repeat them. In later sessions you will return to elements you have already completed and repeat them. You should find yourself becoming less arouse, bored, and frustrated faster.

AVOID ALL MASTURBATION BETWEEN SESSIONS

NEVER MASTURBATE TO DEVIANT FANTASIES. REPEAT THE TREATMENT ON YOUR OWN ON A REGULAR BASIS.

MYTHS AND TRUTHS

MYTH #1: This practice will only encourage my deviant fantasies.

TRUTH: This treatment will decrease and eliminate deviant fantasies, not reinforce them. One of the most arousing aspects of deviant sexual behavior is its secrecy. By eliminating the secrecy, you eliminate much of its power.

MYTH #2: I have trouble fantasizing about deviant material, so this will not work for me.

TRUTH: Try to fantasize about the acts that resulted in your arrest and conviction. Think about what the victim looked like, what attracted you to them, and what was the most exciting part of the offense. Everyone's arousal is unusual and specific to you. Describe those very specific, individualized things that turned you on. If one of your thoughts was that you didn't know why you were acting out this deviant behavior, include this as part of your fantasy. If you got involved with children because you established long-term relationships with them first, then include descriptions of wanting to develop relationships with kids.

MYTH #3: I have no privacy, so I cannot carry out this treatment.

TRUTH: You only need privacy for the first 15 minutes of each treatment once a week. The rest of the session can be done in a quiet room or recreation room, or even out on the courtyard. It may help to turn on a radio, or to pick a time when there is a lot of background noise.

YOUR MOST IMPORTANT SEX ORGAN YOUR EARS, NOT BETWEEN YOUR LEGS!

SEXUAL URGES GO AWAY IF IGNORED

SEXUAL AROUSAL PATTERNS CAN BE CHANGED

NO ONE KNOWS FOR SURE WHAT CAUSES ONE PERSON TO HAVE A DEVIANT AROUSAL PATTERN AND ANOTHER TO NOT HAVE IT.

THE CAUSES MAY BE BIOLOGICAL, DEVELOPMENTAL, EXPERIENTIAL, OR THROUGH LEARNING, OR ALL, OR NONE.

DEVIANT SEXUAL PATTERNS CAN BE MODIFIED AND MANAGAED THROUGH SIMPLE LEARNING TECHNIQUES.

While I am not in any way qualified to address the pros and cons of this method of treatment, I would like to address the more practical considerations of this programhere in our environment.

Patients here are forced to live in dorms (4 man) with exception of 10 single rooms per unit of 50 men. Everyone waits a long time to get a chance to live in a single room. Staff want to take away one of these rooms on various units to accommodate this program. This means that one person will lose their room, and thirty-nine others will have to wait that much longer to get a chance at one.

There are many locations in the hospital where this activity could be done without inconveniencing the residents of the units. For example, there are rooms in the Assessment Center, Bathtub room not in use on the units, rooms on empty units, or make room on the Medical Units 3 or 4 which are being used for staff work areas instead of patient living areas.

The biggest problem here is the lack of consideration for those of us who live here. Next month *The Insider* will bring you more information on the developments related to this program.

The Empathy Tree

By Joseph Christner

Empathy is the ability to deeply understand another person's experience, i.e. walk in their shoes. The Empathy Tree located on the back right side wall of the Moss Landing Library at Coalinga State Hospital, was designed so that individuals could illustrate what Empathy means to them. Quality and refinement of your actions brings new levels of involvement.

Most individuals recognize the feelings of others when directly asked, but usually don't stop and think about what the victims are feeling as they are committing their offenses.

Before you can accept your emotions, you have to know what you are feeling in order to know and appreciate and be able to express those feelings.

Practice is the catalyst for Transformation.

You saw that I was hurting inside and came to me and told me that you understood how much it hurt not to be seen. You told me life was beautiful with so much to offer and that you cared. You knew a few kind words would open the door. How you sensed that I was looking for a place to belong I will never know. It had been so long since I have felt loved. However the love that you offered I could have done without. There is not a day that goes by that I do not think about those pictures that you took of me. You invaded my privacy, stole something that did not belong to you. My innocence. I now live in fear of those pictures being discovered. Lost inside the walls you built. Children are not objects, they are human beings and the care of a child is a sacred trust and should not be abused.

It was a start of a very special friendship or I thought. You said that you loved me. I felt special, I was receiving all this attention, just because you loved me. You really do love me. I was confused though, as you said this was our secret and if I told anyone I would be punished. For what, I had no idea just for loving you?

The day I was told you were abusing me, my life crumbled as I hated who I was. I had come to cherish who I was only to have it stolen. My innocence is gone forever, stolen never to be found again. If you love me as you say, Why? I now search for a reason to exist. An empty shell crying deep inside, I never dreamt life could feel this way. I have become so numb, at the edge with nowhere to go. It is so hard to get on with my life not knowing. Is this the end or just beginning?

It's Only Love

We are brought into this world as tender human beings. As we grow we depend on the guidance from our families and society to show us what is right and wrong. Who is to say what is right or wrong? We are told it is just a phase. Many others are condemned as they expressed their attraction to another man. I lived in pain with no one to turn to. I had a dream how I saw life to be, only to see life pass me by due to fear.

I 'm sick of feeling totally alone. I want to have friends who like me for who I am. I want to be part of a family who loves me for who I am, not someone I pretend to be. I am sick of hiding, of being sad, scared and living in fear of rejection. I 'm gay, and No I am not confused!

I understand it is up to me as I have one life to live. Nothing has ever felt so real and so right, just knowing who I am. No more hiding who I am as I have so much to offer. It's only love. What's everyone so afraid of?

AND THE FIGHT GOES ON…

To date, I have been working really hard to make changes here at CSH, and to date little change has come about that we can be proud of. I personally feel like we are getting shot down every time we ask for something significant, the things that you, the population, wants. I often hear, "They", meaning CDAC, "aren't doing anything! What the hell are they doing? We should get somebody else in there!"

I have to say, it gets very frustrating having to deal with all the "NO's" of administration and then having to deal with some of the accusations of the population. We are doing everything possible to make positive change for everyone, unfortunately, with these upcoming regulations that are being promulgated, we are fighting an uphill battle, and seeking whatever help we can get to win this fight.

I feel sad that there are certain members of our inner society who keep dogging us at every turn. We are spending more time trying to justify our actions, the things we are doing, rather than focusing on the important issues like fighting for you, the population. I don't believe we will ever get ahead in this commitment and do what is right if we can't even get along with ourselves! We need to stop going after each other and concentrate on fighting the people who are out to keep us here for the rest of our lives. Let's fight for what we have a right to, let's fight for our freedom, NOT each other!

I will do what I promised to do, I will fight for what we have coming. I will keep on fighting and doing my best. All I ask is to please either help us or let us do our job. If you have suggestions that you think will help, I am more then willing to listen and use any suggestions that are helpful. Let's work together and be a positive force that the administration can respect and work with.

Respectfully submitted,
Phillip Martinez, CDAC Spokesman

Equal Privileges

By Billy Redding Unit 13

Lately – men have taken to walking the halls with their arms around each other. Lover's with their hands in each others back pockets. Holding hands and strolling the Mall. There is a faction here trying to get condoms issued to men who fear catching sexual diseases.

Our Administration allows same-sex partnerships and sets them up to live in conjugal freedom in the same dorm. While I am maybe mildly homophobic and a bit overly defensive about my own proclaimed heterosexual preference – the issue here is NOT gay rights.

I am not allowed to have ANY of the freedoms and privileges these couples presently enjoy in here. My fiancée and I are being denied the same ease of company these men walk in here flaunt daily in my face. This Administration allows a very promiscuous laxing of social behaviors and conduct while adamantly denying me these same rights!?

I protest this very VERY much! I am already illegally locked in here, and my peers who also prefer their sexual choices to be with appropriate and female partners – adds an even worse than a '*Slap-In-the-Face*" administrative deference.

The men so demonstrative are flaunting their freedoms and these behaviors are increasing – inflaming my irate position of why I am not afforded these same rights and privileges.

I am not a cop. I am not out to stop people who genuinely have emotional attachments to their partners – but I would like some sensitively towards other human beings a grace and some decorum if I cannot also have what they are allowed.

CSH Food Service: From Superb to Slop in 5 Years

William Hester

A lot of people here don't know what the food was like when this place opened in 2005.

According to friends of mine who were here in the beginning, the kitchen was run by a chef who knew how to put a plate together. The quality of the food was more like eating out than eating in prison and the deserts were actually good.

When I arrived in 2007, the food was still better than what we got at Atascadero, however, the retherm was really hard on some foods, like pancakes and waffles. Every couple of weeks there was a piece of layer cake on the tray that was a really good change from the day to day deserts we usually got. By the way, you might have seen that cake recently by the pies in the cooler at the grill. You can now buy what you once got as part of your meal.

Of course today, we are dining on PIA products and other low end foods due to "budget cuts" that are being enforced statewide. The governor issued an order that all state institutions need to order everything they can from PIA. This means that everything food-like that PIA produces will be coming to a table near you.

Allowing for the progress made in the last five years, by 2015 I would look for concentrated food sticks and fortified drinks to be the order of the day. Maybe we'll get lucky and they will figure out how to use a flavor other than peach for everything.

Farewell and see you at the chow hall. Yee-ha.

HOME OR OFFICE

By Billy Redding U-13

There was a recent separation between our Unit Supervisor and the Unit Advisory Council – of which I was the Secretary. I believe this might stem from a staff position and/or belief that this is THEIR WORKPLACE, and NOT where we as incarcerated individuals live. I think some staff here see this as a place where they work and work takes precedence over we mere prisoners or any of our needs, wants, desires, or necessities. We are a "job" and humane respect and common courtesies and considerations do not fit into the niche in this kind of 'office' mentality.

The issue of departure occurred over the new '*Moving-Men-Out-of-Their-Cells*' to allow another man to masturbate in it for up to six months. My UAC came up with forming a focus group in the hopes to provide some positive alternatives (i.e., let this "treatment" take place in the Assessment Center where it can be done safely, won't broadcast to everyone a man in his most private treatment, and keep him safe from peer reprisals).

The Administrative facilitators of this new treatment program were happy to have our feedback. Our US asked for a vote to form the focus group with several other units. Then, our US (at 1300 hrs.) asked me to proffer up a list of focus reps to attend a first meeting on our unit. Then the US asked the unit to vote to have "strangers" hold a meeting in the unit typewriter room to deal with this moving-cells issue. The unit voted it approved –

At 1500 hrs. our US pulled a 360° reversal after all this with Assessment Staff approval, unit elected approval, and the UAC trying hard to follow the wishes of all the units involved in this project – she cancelled it all!?? When approached she was abrupt and short tempered and basically shined me as Unit Secretary on when I tried to ascertain just what the heck had happened so drastically in a mere two hours time after so much went into getting it all arranged? No answer –

Well, not quite. Somehow, "Program" kyboshed it all and didn't want the focus group to form, meet, or even process anything having to do with someone's decision to just move men willy-nilly out of any common decent or respectful care for what we wanted but it had everything to do with us and where and how we live –

Guys…I say all that to mean this – this is OUR residence. As forced upon us as it is, this Administration, for a hospital who claims we need to learn and know how to show empathetic caring and understanding – many staff here give us none! This is where we live and NOT the "office" of their dreams!

MDO [Mentally Disordered Offender] Welfare & Institutions Code 2972

SOCP (Sex Offender Commitment Program)

Written by Robert Wright

The Tuesday and Thursday morning SOCP group for the MDO commitment was using the Team Room on their unit and the Team Computer's "I" Drive which is used to communicate files to Sacramento and anyone with access to this drive can see their "confidential" work and even make copies of it.

I brought up the fact that putting the work on the "I" drive is a HIPPA violation. The HIMD even told them that it is a violation. The SOCP Group moved the work to the computer's "H" drive.

The group was also issued Flash Drives to store their work on, but the facilitator's don't know how the group is going to use them except during group time. (The afternoon group uses their Flash Drives and a computer from CPS {Central Program Services} Mall Services to do and present their work).

The group is structured as a tutorial group where we do the work in group, about two hours per session, and they give each person thirty minutes to do their work. We are not allowed to keep our Flash Drives in our possession.

The insider Editor's note

For anyone not familiar with the Welfare and Institution Code sections related to Coalinga State Hospital, 2972 is the Mentally Disordered Offender commitment. The MDO patients at this hospital were not originally supposed to be here.

Due to ongoing difficulties in the California Department of Mental Health and the California Department of Corrections and Rehabilitation, the MDOs were moved here to make space in CDCR, the other DMH hospitals, and other facilities.

Coalinga State Hospital was ordered created as a facility for people held under Welfare and Institutions Code Section 6600, et al (the Sexually Violent Predators). This hospital, as of August 2010, is still not staffed to make use of all available units nor are there enough staff to properly run the open units. Hospital Police Officers are used to run many of the hospitals units which allows the Department of Mental Health to ignore laws governing proper care of patients since these units are unlicensed and do not fall under the oversight of any outside agency.

The addition of the Mentally Disordered Offenders to this facility has stretched staff resources even thinner, resulted in even less freedom for all patients due to inadequate recreational and education resources, and introduced some persons in need of more dedicated care into an environment where they are often left to fend for themselves.

Joseph Christner along with the Editorial Staff of ***The Insider*** would like to invite anyone who reads this e-paper to send in their own empathy leaves that can be added to the tree.

The Insider will continue to print various samples of the Empathy Leaves for your enjoyment and enlightenment.